

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/768,761-Conf. #7060
		Filing Date	January 29, 2004
		First Named Inventor	Clark A. Bendall
		Examiner Name	P. R. Smith
		Art Unit	3739
TOTAL AMOUNT OF PAYMENT		(\$)	630.00
		Attorney Docket No.	702_102

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>50-0289</u> Deposit Account Name: <u>Mariama Muldoon Blasiak &amp; Sullivan LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

### FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<b>Total Claims</b> _____ - 20 = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	<b>Extra Claims</b> _____ - 3 = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____
<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> _____      _____		

<b>3. APPLICATION SIZE FEE</b>				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	_____
<b>4. OTHER FEE(S)</b>				<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)				_____
Other (e.g., late filing surcharge): 1251 Extension for response within first month				120.00
1401 Notice of appeal				510.00

<b>SUBMITTED BY</b>			
Signature	/Denis J. Sullivan/	Registration No. (Attorney/Agent)	47,980
Telephone	(315) 425-9000		
Name (Print/Type)	Denis J. Sullivan		Date
		March 19, 2008	

<b>Fee Transmittal</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: March 19, 2008	Electronic Signature for Danielle Menzies: /Danielle Menzies/